
Tourism & Economic Recovery Marketing Grant: Financial Cover Sheet (Copy)

The Tourism and Economic Recovery Marketing Grants will provide grants to organizations for efforts and activities related to economic recovery, consumer stimulus, marketing, or tourism related projects to support businesses that have suffered economic harm due to the COVID-19 public health emergency. The grants are intended to enable local, regional, or statewide organizations to implement campaigns and initiatives that will increase consumer spending, support local businesses, and advance community recovery efforts.

Eligible applicants include downtown organizations, chambers of commerce, regional development corporations, municipal economic development/community development departments and committees, local community/economic development organizations, statewide business organizations, or other similar groups.

We encourage all applicants to draft responses in a separate document and copy over to the application. **Application may NOT be saved and must be completed in one sitting.**

For more information on eligibility and funding priorities, please see XXX.

* Required

Applicant Organization Information

1. Amount of Grant Funds Requested *

Number must be between 10000 ~ 30000

2. Using the same information provided in your project description, provide a brief project description. *

Project descriptions must describe the project in sufficient detail to provide understanding of the major activities that will occur.

Enter your answer

3. Applicant Organization Legal Name *

Enter your answer

4. Applicant Organization Doing Business As (DBA) Name

Enter your answer

5. Applicant Organization Address Line 1 *

Enter your answer

6. Applicant Organization Address Line 2 *

Enter your answer

7. Applicant Organization City *

Enter your answer

8. Applicant Organization State *

Enter your answer

9. Applicant Organization Zip Code *

Enter your answer

10. Applicant Organization County *

Select your answer



11. Applicant Organization Tax Classification *

Select your answer



12. Applicant Organization Federal Employer Identification Number (FEIN) *

Format: ##-#####

Enter your answer

13. Applicant Organization DUNS Number *

<https://fedgov.dnb.com/webform/index.jsp>

Enter your answer

14. Applicant Organization NAICS Code

Please indicate the two digit NAICS Code for your organization.

Look up your NAICS Code here: <https://www.naics.com/search/>

Number must be between 0 ~ 100

15. Applicant Organization NAICS Sub-Code

Please indicate the 4-6 digit NAICS Sub-Code for your organization.

Look up your NAICS Code here: <https://www.naics.com/search/>

Number must be between 1000 ~ 999999

16. Primary Contact First Name *

Enter your answer

17. Primary Contact Last Name *

Enter your answer

18. Primary Contact Email Address *

Enter your answer

19. Primary Contact Phone Number *

Enter your answer

20. Primary Contact Title *

Enter your answer

21. Alternate Contact First Name *

Enter your answer

22. Alternate Contact Last Name *

Enter your answer

23. Alternate Contact Email Address *

Enter your answer

24. Alternate Contact Phone Number *

Enter your answer

25. Alternate Contact Title *

Enter your answer

26. What type of accounting system do you use? *

Select your answer



27. Is your organization receiving a grant award from the State of Vermont for the first time? *

Select your answer



28. Did your organization adhere to all terms and conditions of prior grant awards? *

Select your answer



29. Does your organization have adequate and qualified staff to comply with the requirements for grant management? *

Select your answer



30. Does your organization have prior experience with similar programs? *

Select your answer



31. Does your organization maintain policies which include procedures for assuring grant compliance? *

Policies for assuring grant compliance may include conflict of interest, procurement, fair labor, and financial, etc.

Select your answer



32. Does your organization have an accounting system that will allow them to completely and accurately track the receipt and disbursements of funds related to grant awards? *

Select your answer



33. If staff will be required to track their time associated with the award, does the organization have a system in place that will account for 100% of each employee's time? *

Select your answer



34. Did your organization have one or more audit findings in their last single audit regarding program non-compliance? *

Select your answer



35. Did your organization have one or more audit findings in their last single audit regarding significant internal control deficiency? *

Select your answer



36. What month does your fiscal year end? *

Select your answer



37. Applicant will report on incurred expenses and/or losses, in a form and at a frequency prescribed by the State of Vermont and will cooperate with the State of Vermont in creating and retaining appropriate documentation in adherence to the grant. *

☐ I agree

38. To the extent that actual expenditures or demonstrated need is less than the total award amount, Applicant agrees to return the balance of unspent funds to the State of Vermont. If the State of Vermont determines that the awarded funds were used in a manner not in compliance with the grant agreement, Applicant agrees that the State of Vermont may recover funds from Applicant by reducing future funding in State budgets. *

☐ I agree

39. Applicant must repay the award or portion of the award to the Agency of Commerce and Community Development if: any funds received were issued in error; are based on incorrect representations made to the Agency of Commerce and Community Development; or any costs forming the basis of an award under this program are covered by other State and federal funds received by Applicant. I agree that the final determination of whether there has been a duplication of benefits and the amount to be repaid, if any, will be made by the Agency of Commerce and Community Development. *

☐ I agree

40. Applicant has applied for FEMA-Public Assistance funding first for all FEMA-eligible expenses before applying to this grant. Applicant will only use this grant to cover expenses that are not eligible for FEMA-Public Assistance reimbursement. *

☐ I agree

41. Applicant shall maintain and make available to the State of Vermont upon request, all documents and financial records sufficient to establish compliance with the grant agreement. Records and supporting documentation must be maintained for a period of three years after all funds have been expended or returned to the State, whichever is later. Records to support grant compliance may include, but are not limited to, copies of the following:

- (a) General ledger and subsidiary ledgers used to account for (a) the receipt of payments and (b) the disbursements from such payments to meet eligible expenses;
- (b) Budget records;
- (c) Payroll, time records, human resource records to support costs incurred for payroll expenses;
- (d) Receipts of allowable and allocable purchases;
- (e) Contracts and subcontracts entered into using grant funds and all documents related to such contracts;
- (f) Grant agreements and grant subaward agreements entered into using grant funds and all documents related to such awards;
- (g) All documentation of reports, audits, and other monitoring of contractors, including subcontractors, and grant recipient and subrecipients;
- (h) All documentation supporting the performance outcomes of contracts, subcontracts, grant awards, and grant recipient subawards;
- (i) All internal and external email/electronic communications related to use of grant funds; and
- (j) All investigative files and inquiry reports involving grant funds.

*

☐ I agree

42. To the best of my knowledge, neither Applicant nor Applicant's principals (officers, directors, owners, or partners) are presently debarred, suspended, proposed for debarment, declared ineligible or excluded from participation in State and Federal programs, or programs supported in whole or in part by State and Federal funds.

*

☐ I agree

43. Applicant will submit reports as required by the State of Vermont, Agency of Administration, and/or Agency of Commerce and Community Development. *

☐ I agree

44. The Agency of Commerce and Community Development may share the information on this award with other Vermont state agencies, and other Vermont agencies can share information with Agency of Commerce and Community Development for the purpose of verifying Applicant's eligibility for this or another award. *

☐ I agree

45. Applicant agrees to the State of Vermont's Standard Provisions for Contracts and Grants *

Information about the State of Vermont's Standard State Provisions for Contracts and Grants can be found here. https://bgs.vermont.gov/sites/bgs/files/files/purchasing_contracting/Forms/ATTACHMENT%20C%20-%20rev%20Dec%202017%20CLEAN.pdf

☐ I agree

46. All of Applicant's tax returns are completed and filed through the date of application filing. *

☐ I agree

47. Applicant complies with local, state and federal labor laws. *

☐ I agree

48. Applicant is in good standing with the Vermont Secretary of State. *

☐ I agree

49. I attest, under penalty of perjury, that all information provided on this form is true and accurate. I understand that the State of Vermont will rely on this certification as a material representation in making this award. Further, I understand that intentional misrepresentation of information is fraud and may subject me or my organization to disqualification from receiving further benefits, administrative penalties, and criminal prosecution. *

☐ I agree

50. Applicant Name *

Enter your answer

51. Applicant Title *

Enter your answer

52. Signature of Applicant *

Enter your answer

53. Date of Submission *

Please input date (M/d/yyyy)



Submit

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